

OCT 03 2013

U.S. DISTRICT COURT
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TENNESSEE
_____ DIVISION

DAVID A. Prentice Name)

Prison Id. No. _____)

_____ Name)

Prison Id. No. _____)

Plaintiff(s))

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☐ Yes ☐ No

v.)

ONE STOP medical Name)

LAWRENCE COUNTY Jail Name)

Defendant(s))

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes

☒ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____

Defendants _____

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes

☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? _____

2. What was the response of prison authorities? _____

G. If you checked the box marked "No" in question II.E above, explain why not. _____

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes

☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes

☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Talked to them, put in medical Request, put in a mental Request. Showed them all my hands.

2. What was the response of the authorities who run the detention facility? took me to one stop medical in Lawrenceburg after a 2 month wait. This all has been since April 2013,

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: DAVID ALLEN Prentice

Prison Id. No. of the first plaintiff: _____

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

I cant get Any help from the medical staff
~~at~~ Here at the Lawrence County Jail for my
conditions, I cant get Any mental help OR Any
physical help, I see things that arent there, I Hear
voices, I Have bad dreams,
my Feet and Hands turn blue-purple and pale white,
5 or 6 times a day, at Random, Go numb, It last
around 20 minutes or about each time, And I
cannot control this or stop this. I loose feeling And
Grip. The medical staff put me on medication
which only makes my condition worse, so I Refuse
it and I've ask over and over And even wrote to
one stop medical here in Lawrenceburg to change the
medication and I've had no Reply, I HAVE drazy
spells, almost Black out, get very week, get
very shaky, see blue and black spots. I've put
in medical Request after medical Request about
this but NO Reply, from the staff here at the
Jail, or from one stop medical center here in Lawrenceburg.

I've sent in Request to see my Liver Doctor about Having my Hepatitis - C checked, but no Reply. ~~I~~ I HAVE / HAD Hep-C For 6 Years And Require blood Testing every 6 months ~~by~~ By A liver specialist, but I've Asked the staff to help me with this Issue is well, NO Reply. I Have Dreams ~~that~~ that I talk to Dead people I Once Knew, And I Am Being Chased By → over-

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. Help getting put on the proper medications.
- B. Help with my mental and physical issues,
- C. ~~DAMAGES~~ And suffering. Reliefe.
- D. proper Help.
- E.

People or things And The FASTER I try to Run, They CATCH me,
And I Fall off Buildings And cliffs, and I TALK to Dead people
And I See their faces.

When I'm awake, I think everybodys out to get me to hurt me,
I feel ~~there~~ ^{people} around making fun of me And laughing At me,
~~and~~ I think the voices I here are God OR spirits trying
to Communicate to me. sometimes they SAY my Name, And
Some time it sounds like I'm IN a Crowded Room and everybodys
TALKING. When I See things From the Corner of my eyes,
I look and NO bodys there. I always here people around
me CALLING my name, when I look, NO bodys there.
I've brought All These ISSUES ~~to~~ To the Attention to the
STAFF AT ONE STOP medical clinic here in Lawrenceburg,
All the medical STAFF here at the Lawrence county Jail,
I've wrote to centerstone here in Lawrenceburg 3 times,
I've wrote the DR That was seeing me before I was locked
UP IN April of 2013, I ~~HAVE~~ NOT written my Liver Doctor,
The Doctor I've written 4 times That was seeing me before
my Arrest is DR Clement Aluyi, 1265 E. Collage St.
Pulaski, TN, 38478. No Reply, From any body that I've
written to about all my ISSUES. I've wrote Legal Aid in Colombia
Legal Aid IN Colombia Did write me back And did
Send A Letter to my Lawyer, MR Bob Stovall in
Pulaski TN, He is with the office of Claudia S. JACK,
Regarding my ISSUES. 178 N. 2nd St.
Pulaski, TN 38478
ONE STOP medical at 325 Geri St, Lawrenceburg, TN. HAS not Replied.
I've wrote Attorney Randy Hillhouse, He Did Reply and gave me
The address to legal aid, ~~MR~~ ~~Randy Hillhouse~~
~~MR Randy Hillhouse~~, 212 pulaski st. Lawrenceburg, TN Did at least
Reply.
Legal Aid in Colombia did Reply. Nobody else has.

Address of the first plaintiff: 90 Lawrence County Jail.

240 W. Gaines St. Lawrenceburg, TN 38464

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: _____

Prison Id. No. of the second plaintiff: _____

Address of the second plaintiff: _____

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: ONE STOP medical center

Place of employment of the first defendant: ONE STOP

The first defendant's address: ~~Lawrence County Jail~~
325 Geri St. Lawrenceburg, TN 38464

Named in official capacity? ☐ Yes ☐ No

Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: Lawrence County Jail

Place of employment of the second defendant: _____

The second defendant's address: 240 W. Gaines St
Lawrenceburg, TN 38464

Named in official capacity? ☐ Yes ☐ No

Named in individual capacity? ☐ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

2. In what court did you file the previous lawsuit? _____

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? _____

4. What was the Judge's name to whom the case was assigned? _____

5. When did you file the previous lawsuit? _____ (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? _____

7. When was the previous lawsuit decided by the court? _____ (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

☐ Yes

☐ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? LAWrence County Jail, 240 W. GAINES ST.
LAWrenceburg, TN 38464

B. Are the facts of your lawsuit related to your present confinement?

☒ Yes

☐ No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

☐ Yes

☒ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.